

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 11 days
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME ELIZ. MAE HATCH

3. (b) If veteran. No name war. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James D. Hatch 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased April 3, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day
hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business William Fenton

12. Name William Fenton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Hatch

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James D. Hatch

(b) Address 4227 Scarritt

17. (a) Removal (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluffton, Ohio

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address Kansas City, Missouri

19. (a) 8/18/41 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4427 Scarritt
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1941 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-7-41 to 8-17-41
that I last saw her alive on 8-17-41
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Bacillary dysentery

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Dr. R. R. Thorn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.